

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

*10/563090*

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7	1					
8	1					
9		1				
10	1					
11		1				
12		1				
13	1					
14		1				
15	1					
16	1					
17		1				
18	1					
19	1					
20	1					
21		1				
22	1					
23	1					
24		1				
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		1				
32	1					
33		1				
34		2				
35	1					
36		1				
37		1				
38		2				
39	1					
40		1				
41		1				
42		2				
43	1					
44		1				
45		1				
46		1				
47		1				
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	20	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	55					